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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
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 (For use with Form PTO/SB/06)

Application Number

16733882

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
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Total Indep												
Total Depend	17											
Total Claims	18											

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